

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



August 26, 1983

ALL-COUNTY INFORMATION NOTICE I- 95-83

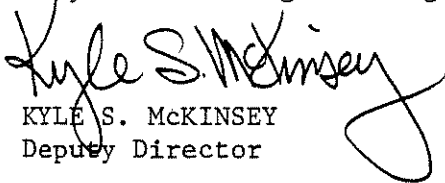
TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: REVISED MONTHLY ELIGIBILITY REPORT (CA 7)

Attached for your information is a copy of the final English version of the revised CA 7 which will be implemented along with monthly reporting/retrospective budgeting (MR/RB) in the Food Stamp Program.

For those counties which will print their own supplies of the form, the attached copy may be used as a master. The Spanish translation of the CA 7 is expected to be completed by September 1, 1983. Spanish masters will be distributed to the counties as soon as they are available. Counties which require translations of the CA 7 in languages other than Spanish should contact Jeanne Rodriguez, Manager, Language Services Unit, at (916) 323-9562.

Additional information concerning the implementation of the revised CA 7 and the other forms being revised for MR/RB will be provided later in September. Should you have any questions in the meantime, please contact your Food Stamp Program Operations Consultant at (916) 322-5475 or your AFDC Program Management Consultant at (916) 445-4458.


KYLE S. MCKINSEY
Deputy Director

Attachment

cc: CWDA

MONTHLY ELIGIBILITY REPORT

For Cash Aid (AFDC or Refugee/Entrant Cash Assistance) and Food Stamps

THIS REPORT IS FOR THE MONTH OF:**Complete, sign, date and return this form AFTER the last day of:**

- You must complete this report and return it by the **5th** of the month. If this report is not received by the **11th** of the month or is incomplete, your Cash Aid, Medi-Cal and/or Food Stamps may be delayed, decreased or discontinued. If you do not provide proof of reported income, your benefits may be discontinued. If you do not provide proof of expenses, your benefits may be decreased or discontinued.
- If you receive Cash Aid and you fail to report or verify earned income by the **11th** of the month, the following disregards will not be allowed: standard work expense dependent care, and when eligible for it, the \$30 and 1/3 disregard.
- FOLLOW THE INSTRUCTIONS BELOW FOR THE TYPE OF BENEFITS YOU RECEIVE. Call your worker if you need help completing the form. Attach a separate sheet of paper if needed.

		Worker:	Phone:
INSTRUCTIONS	If you receive:	Answer these questions:	Answer the questions for the following people:
	Cash Aid and Food Stamps	Every Question	For those questions marked "CASH AID AND FOOD STAMPS" and "FOOD STAMPS", answer for everyone living in the home whether or not they receive benefits. For those questions marked "CASH AID", answer for you and your family, which includes all persons receiving aid, the aided children's parents, stepparents and your spouse if in the home.
	Food Stamps (no cash aid)	Questions Marked "CASH AID AND FOOD STAMPS" and "FOOD STAMPS"	For everyone living in the home whether or not they receive Food Stamps.
	Cash Aid (no food stamps)	Questions Marked "CASH AID AND FOOD STAMPS" and "CASH AID"	For you and your family which includes all persons receiving aid, the aided children's parents, stepparents, and your spouse if in the home.

- ① **CASH AID AND FOOD STAMPS. Have you moved, do you plan to move, or do you have a new mailing address or phone number?** ☐ YES ☐ NO
If YES, complete section below and enter date of change here:

Home Address (Number, Street Name, Avenue, Blvd., Etc.)	Apt. No.	City	State	Zip Code
Mailing Address (If Different Than Home Address)	Phone Number	City	State	Zip Code

- ② **CASH AID AND FOOD STAMPS. Did anyone receive income, money, or benefits in the month, such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement, unemployment/disability insurance, worker's compensation, SSI/SSP (gold checks), child/spousal support, loans, grants, tax refund, contributions, gifts, free housing/utilities, etc.?** ☐ YES ☐ NO

If YES, complete section below. Attach paystubs or other proof of earnings each month. Attach proof for any other income only when it starts and when it changes. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses each month.

Who Received Income, Money or Benefits?	Source (If Earnings, List Name of Employer)	If Earnings:		Enter dollar amounts and actual dates paid.				
		Number of Days Worked in Month	Number of Hours Worked in Month	If earnings, enter gross amount before deductions				
				1st Pay Day	2nd Pay Day	3rd Pay Day	4th Pay Day	5th Pay Day
Name				Amount \$	Amount \$	Amount \$	Amount \$	Amount \$
				Date	Date	Date	Date	Date
1. Name				Amount \$	Amount \$	Amount \$	Amount \$	Amount \$
				Date	Date	Date	Date	Date
2. Name				Amount \$	Amount \$	Amount \$	Amount \$	Amount \$
				Date	Date	Date	Date	Date
3. Name				Amount \$	Amount \$	Amount \$	Amount \$	Amount \$
				Date	Date	Date	Date	Date

- ③ **CASH AID AND FOOD STAMPS. Did anyone pay for the care of a child or disabled adult so that someone in the home could go to work, training or look for a job?** ☐ YES ☐ NO

If YES, complete section below and attach a separate receipt for each person receiving care.

Who Received Care?	Cost of Care	Who Received Care?	Cost of Care	Who Received Care?	Cost of Care	Who Received Care?	Cost of Care
	\$		\$		\$		\$

- ④ **CASH AID. Did you or anyone in your family who received income pay any court ordered support in the month?** ☐ YES ☐ NO

If YES, enter the amount paid and attach receipts: \$

COUNTY USE ONLY

E.W. Initials

Date:

- 5 FOOD STAMPS.** If you claim the standard utility allowance, skip B2 and D and attach bills for gas, electricity, or other heating fuel if you moved.
- A. Did you have any housing or utility costs in the month? ☐ YES ☐ NO
If NO, go to 6. If YES, answer B.
- B. Did anyone not part of your food stamp household help you pay any of your housing or utility costs in the month? ☐ YES ☐ NO
If NO, complete C and D. If YES, complete B1, B2 and B3 and give the name of each person who paid any of the costs, and if they paid housing and/or utility costs.
Name(s):
3. Did you share housing or utility costs in the month before the report month? ☐ YES ☐ NO
If YES, go to 6. If NO, complete C and D.
- C. Enter the amount of each housing cost billed in the month and attach bills if the cost changed or if you moved.
- | | | | |
|-------------------|----|---|----|
| Rent or Mortgage: | \$ | Property Taxes or Insurance (if not in mortgage): | \$ |
|-------------------|----|---|----|

D. If you claim actual utility costs, enter the amount of each utility cost billed in the month and attach bills for each cost.

Gas/Fuel	\$	Garbage/Trash	\$
Electricity	\$	Water	\$
Telephone	\$	Sewage	\$
Utility Installation	\$	Other (Specify)	\$

1. Enter the total housing costs paid by the food stamp household in the month and attach proof if the cost changed or if you moved.
\$
2. If you claim actual utility costs, enter the total amount of utility costs paid by the food stamp household in the month and attach proof.
\$

- 6 FOOD STAMPS.** Did anyone who is disabled or age 60 or older have any medical expenses in the month? ☐ YES ☐ NO
If YES, complete section below and attach bills for each expense.

Who Had the Expense?	Type of Expense	Amount	Who Had the Expense?	Type of Expense	Amount
1.		\$	2.		\$

- 7 CASH AID AND FOOD STAMPS.** Did anyone have a checking or savings account open at the end of the month? ☐ YES ☐ NO
If YES, complete section below.

Checking:	Balance On Last Day of Report Month	Whose Account?	Savings:	Balance On Last Day of Report Month	Whose Account?

- 8A CASH AID AND FOOD STAMPS.** Did any of the following changes take place in the home in the month? Check the questions YES or NO and explain any change in 8B below.

CASH AID AND FOOD STAMPS	YES	NO	CASH AID AND FOOD STAMPS	YES	NO
1. Did anyone move into your home (including a newborn), move out or die?			9. Did anyone have any personal property changes, such as: receive, buy, sell or give away a motor vehicle, camper, boat, etc.?		
2. Did anyone become disabled or recover from a disability?			10. Did anyone become pregnant or terminate a pregnancy?		
3. Did anyone get married?			11. Did anyone age 18 or under start or stop attending school full time?		
4. Did anyone turn age 18?			12. Did the parent or caretaker relative of a child under age 6 start attending college full time?		
5. Did anyone start, refuse, lose, quit or change a job or training or go on strike?			13. Did anyone start, stop or change health or hospitalization insurance coverage, such as: Prudential, Blue Cross, Champus, etc.?		
6. Did anyone get a new Social Security Number? If YES, attach proof.			FOOD STAMPS		
7. Did anyone have a change or obtain proof of citizenship or alien status? If YES, attach proof.			14. Did anyone turn age 60?		
8. Did anyone receive, buy, sell or give away any real property, such as: a house, land, etc.?			15. Did anyone age 18 or older start or stop attending school or college at least half time?		

- 8B** If YES, to any of the above changes, give name of person, date of change and explain the change. If property changed, give value of item.

- 9 CASH AID AND FOOD STAMPS.** Does anyone in the home have other information to report for this month or next month, such as: recent or expected changes in income, place of employment, number of working hours or days per week, property, persons in the household, etc.? ☐ YES ☐ NO
If YES, explain the change, if it is expected to be temporary or permanent and indicate the date of the change.

* A Social Security Number (SSN) is required by 45 CFR 232.10 for Cash Aid recipients and by the Food Stamp Act of 1977, as amended by Public Law 97-98, for each food stamp household member. These SSNs are required to ensure the accurate issuance of Cash Aid and Food Stamp benefits to eligible individuals. SSNs are used in computer matching to prevent duplicate participation, to check the identity of individuals, to make changes and for program reviews and audits. Refusal to provide an SSN will result in program ineligibility for the individual for whom the SSN is not provided.

CERTIFICATION

- I understand that failing to report information or misrepresentation of facts for Cash Aid programs, Food Stamps or Medi-Cal can result in legal prosecution with penalties of a fine, imprisonment or both. In the Food Stamp Program the penalties can result in permanent disqualification from the Program, fines up to \$10,000 or imprisonment for up to 5 years.
- I understand that I must contact my worker to report any unexpected changes which affect my eligibility for or the amount of my Cash Aid within 5 days of the occurrence or if I have any doubt about needing to report any changes.
- I understand that reported information may result in a decrease or discontinuance of benefits.
- I understand I have the right to request a state hearing on any proposed action by the county welfare department.
- I declare that the information contained in this report is true and correct and is complete for the entire report month.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE

For Cash Aid programs, you and your aided spouse (or the other parent of aided children) living in the home must sign the form. For the Food Stamp Program, the head of household, a household member or the household's authorized representative must sign the form.

Signature of Cash Aid Recipient or Caretaker Relative and/or Food Stamp Household Member	Date Signed
Signature of Cash Aided Spouse or Other Parent of Cash Aided Children	Date Signed
Signature of Witness to Mark, Interpreter, or Other Person Completing Form	Date Signed